2023

Summary of Benefits

January 1, 2023, to
December 31, 2023

Cigna Preferred Medicare (HMO) H9460-001

$0 monthly plan premium; no referrals required

What's Inside

To Join

You must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Service Area

Franklin, Jefferson, Johnson, Leavenworth, Miami, and Wyandotte counties, **KS;** Andrew, Bates, Caldwell, Carroll, Cass, Clay, Clinton, DeKalb, Henry, Holt, Jackson, Johnson, Lafayette, Platte, and Ray counties, **MO**

Introduction

This *Summary of Benefits* gives you a summary of what **Cigna Preferred Medicare (HMO)** covers and what you pay. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, refer to the plan's *Evidence of Coverage* (EOC) online at **CignaMedicare.com**, or call us to request a copy.

Comparing coverage

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*. Or, use the *Medicare Plan Finder* on **www.medicare.gov**.

More about Original Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook.

View the handbook online at:
www.medicare.gov

Get a copy of the handbook by calling:
1-800-MEDICARE (1-800-633-4227),
24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Need help?

Already a customer

Call toll-free **1-800-668-3813 (TTY 711)**. Customer Service is available 8 a.m. to 8 p.m. local time: from October 1 to March 31, 7 days a week; and from April 1 to September 30, Monday through Friday. Our automated phone system may answer your call during weekends, holidays, and after hours.

Not a customer

Call toll-free **1-800-313-0973 (TTY 711)**. Licensed agents are available 8 a.m. to 8 p.m. local time: from October 1 to March 31, 7 days a week; and from April 1 to September 30, Monday through Friday. Our automated phone system may answer your call during weekends, holidays, and after hours.

You can also visit our website at:
CignaMedicare.com.

1 | About this Plan

Which doctors, hospitals, and pharmacies can I use?

Cigna Preferred Medicare (HMO) has a network of doctors, hospitals, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

- You can see our plan's *Provider and Pharmacy Directory* at our website, **CignaMedicare.com**.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more.

- Our customers get all of the benefits covered by Original Medicare.
- Our customers also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this *Summary of Benefits*.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the plan's complete *Comprehensive Prescription Drug List* which lists the Part D prescriptions drugs along with any restrictions on our website, **CignaMedicare.com**.
- Or, call us, and we will send you a copy of the plan's *Comprehensive Prescription Drug List*.

2 | Monthly Premium, Deductible, and Limits

Benefit	Cigna Preferred Medicare (HMO)
Monthly Premium	**$0** per month. In addition, you must keep paying your Medicare Part B premium.
Medical Deductible	This plan does not have a deductible.
Pharmacy (Part D) Deductible	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	Original Medicare does not have annual limits on out-of-pocket costs. Your yearly limit(s) in this plan: **$5,200** applies to in-network Medicare-covered benefits This limit is the most you pay for copays, coinsurance, and other costs for Medicare services for the year. If you reach the limit on out-of-pocket costs, you will keep getting in-network covered hospital and medical services, and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums, if any, and cost-sharing for your Part D prescription drugs.

3 | Covered Medical and Hospital Benefits

Benefit	What You Pay
Note: Services with a [1] may require prior authorization. Services with a [2] may require a referral from your doctor.	
Inpatient Hospital Coverage[1]	
Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.	**$315** copay per day for days 1-7 **$0** copay per day for days 8-90
Outpatient Hospital Services/ASC	
Ambulatory Surgical Center (ASC)[1]	**$0–$295** copay
Outpatient Hospital[1]	**$0–$350** copay
Outpatient Observation[1]	**$295** copay per stay
Doctors Visits	
Primary Care Provider (PCP)	**$0** copay
Specialists[1]	**$40** copay

Benefit	What You Pay
Preventive Care	
Our plan covers many Medicare-covered preventive services, including: › Abdominal aortic aneurysm screening › Alcohol misuse screenings and counseling › Bone mass measurement › Breast cancer screening (mammogram) › Cardiovascular disease (behavioral therapy) › Cardiovascular screenings › Cervical and vaginal cancer screening › Colorectal cancer screening (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy) › Depression screenings › Diabetes screenings › Diabetes self-management training › Glaucoma tests › Hepatitis B Virus (HBV) infection screening › Hepatitis C screening › HIV screening › Lung cancer screening with low dose computed tomography (LDCT) › Medical nutrition therapy services › Obesity screening and counseling › Prostate cancer screenings (PSA) › Sexually transmitted infections screening and counseling › Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) › Vaccines; including COVID-19, Flu shots, Hepatitis B shots and Pneumococcal shots › Welcome to Medicare preventive visit (one-time) › Yearly Wellness visit	**$0** copay Any additional preventive services approved by Medicare during the contract year will be covered. Please see your EOC for frequency of covered services.
Emergency Care	
Emergency Care Services	**$110** copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.
Worldwide Emergency/Urgent Coverage/Emergency Transportation	**$110** copay Maximum worldwide coverage amount **$50,000**

Benefit	What You Pay
Urgently Needed Services	
Urgent Care Services	**$40** copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care.
Diagnostic Services, Labs, and Imaging Costs for these services may vary based on place of service or type of service	
Diagnostic Procedures and Tests[1]	**$0–$200** copay
Lab Services[1]	**$0** copay
Therapeutic Radiological Services[1]	**20%** coinsurance
X-ray Services	**$20** copay
Diagnostic Radiological Services (MRIs, CT scans, etc.)[1]	**$0–$200** copay
Hearing Services	
Hearing Exams (Medicare-covered) A separate physician cost share will apply if additional services requiring cost sharing are rendered.	**$40** copay
Routine Hearing Exams	**$0** copay for one routine exam every year
Hearing Aid Fitting/Evaluation	**$0** copay for one fitting evaluation for hearing aid every three years
Hearing Aids	**$0** copay up to plan maximum coverage amount of **$1,500** allowance for both ears combined every three years
Dental Services (Medicare-covered)[1]	
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	**$40** copay
Preventive Dental Services	
Oral exams (four every year)	**$0** copay
Cleanings (two every year)	**$0** copay
Fluoride treatments (two every year)	**$0** copay
Dental x-rays	**$0** copay
Maximum Coverage Amount	**$20,000** combined preventive and comprehensive every year

Benefit	What You Pay
Comprehensive Dental Services[1]	
Diagnostic Services (unlimited)	**$0** copay
Restorative Services (unlimited)	**$0–$525** copay
Endodontics (unlimited)	**$38–$675** copay
Periodontics (unlimited)	**$15–$115** copay
Extractions (unlimited)	**$0** copay
Prosthodontics/oral surgery (unlimited)	**$0–$615** copay
Maximum Coverage Amount	**$20,000** combined preventive and comprehensive every year
Vision Services	
Eye Exams (Medicare-covered)[1] A facility cost-share may apply for procedures performed at an outpatient surgical center.	**$0** copay for Medicare-covered diabetic retinopathy screening **$40** copay for all other Medicare-covered vision services
Routine Eye Exam Non-Medicare covered routine eye exam (including eye refraction) per year. Eye refractions outside of the annual non-Medicare covered routine eye exam are not covered.	**$0** copay for one routine exam every year
Glaucoma Screening (Medicare-covered)	**$0** copay
Eyewear (Medicare-covered)	**$0** copay
Routine Eyewear › Eyeglasses (lenses and frames) › Eyeglass lenses › Eyeglass frames › Contact lenses (including contact lens fitting) › Upgrades	**$0** copay up to plan maximum coverage amount of **$150** every year The plan-specified allowance may be applied to one set of the member's choice of eyewear once per year, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.

Benefit	What You Pay
Mental Health Services	
Inpatient[1] Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1 each time you are admitted. There is a **$0** copayment per lifetime reserve day.	**$267** copay per day for days 1-7 **$0** copay per day for days 8-90
Outpatient[1] Individual or Group Therapy Visit	**$0** copay
Skilled Nursing Facility (SNF)[1]	
Our plan covers up to 100 days per benefit period.	**$10** copay per day for days 1-20 **$196** copay per day for days 21-100
Rehabilitation Services	
Cardiac (Heart) Rehab Services[1]	**$10** copay
Pulmonary Rehab Services[1]	**$10** copay
Occupational Therapy Services[1]	**$40** copay
Physical Therapy and Speech/Language Therapy Services[1]	**$40** copay
Physical Therapy and Speech/Language Therapy Telehealth Services[1]	**$0** copay
Ambulance[1]	
Ground Service (one-way trip)	**$250** copay
Air Service (one-way trip)	**20%** coinsurance
Transportation	
Routine Transportation	Not covered
Medicare Part B Drugs	
Part B Chemotherapy Drugs and Other Part B Drugs[1] Medicare-covered Part B Drugs may be subject to step therapy requirements.	**20%** coinsurance This plan has Part D prescription drug coverage. See Section 4 in the *Summary of Benefits*.
Foot Care (Podiatry Services)	
Podiatry Services (Medicare-covered)	**$40** copay
Routine Podiatry Services	Not covered

Benefit	What You Pay
Medical Equipment and Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.)[1]	**20%** coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies[1]	**20%** coinsurance
Diabetic Services and Supplies Brand limitations apply to certain supplies.	**$0** copay for diabetes self-management training **20%** coinsurance for therapeutic shoes or inserts[1] **$0** copay for diabetic monitoring supplies[1]
Fitness and Wellness Programs	
Fitness Program The program offers the flexibility of a fitness center membership, digital fitness tools, and a home fitness kit.	**$0** copay
Health Information Line	
Talk one-on-one with a Nurse Advocate* to get timely answers to your health-related questions at no additional cost, anytime day or night. *Nurse Advocates hold current nursing licensure in a minimum of one state, but are not practicing nursing or providing medical advice in any capacity as a health advocate.	**$0** copay
Chiropractic Care	
Chiropractic Services (Medicare-covered)[1]	**$15** copay
Routine Chiropractic Services	Not covered
Home Health Care[1]	
Home Health	**$0** copay
Hospice	
Hospice care must be provided by a Medicare-certified hospice program. Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.	**$0** copay
Outpatient Substance Abuse[1]	
Individual or Group Therapy Visit	**$40** copay

Benefit	What You Pay
Opioid Treatment Services[1]	
FDA-approved treatment medications in addition to testing, counseling, and therapy.	**$40** copay
Over-the-Counter (OTC) Items	
Over-the-counter drugs and other health-related pharmacy products, as listed in the *OTC Catalog*.	**$30** allowance every three months
Home-Delivered Meals	
	$0 copay for home-delivered meals Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to three stays per year), ESRD care management is limited to 56 meals once per year.
Telehealth Services (Medicare-covered)	
For non-emergency care, talk with a telehealth doctor via phone or video for certain telehealth services, including: allergies, cough, headache, sore throat, and other minor illnesses.	**$0** copay
Acupuncture Services	
Acupuncture Services (Medicare-covered)[1] Services for chronic lower back pain.	**$20** copay
Supplemental Acupuncture Services	Not covered

Additional Benefits

Enjoy these extra benefits included in your plan.

Annual Physical Exam	**$0** copay
Cigna Healthy Today Card Use your pre-loaded Cigna Healthy Today benefit card for easy access to incentives, rewards, and select allowance benefits* that may be part of your plan. *Benefits, coverage and amounts vary by plan. Limitations, exclusions, and restrictions may apply.	Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.
Cigna Medicare Advantage Incentives With the Cigna Medicare Advantage incentives program, you can earn money for completing certain health check-ups. After completing your yearly health check-up, you can qualify for additional incentives as determined by your plan and provider. Reward dollars are intended to be used on health and wellness products only.	You can earn up to **$100,** which is loaded on your Cigna Healthy Today card for completing certain healthy activities.

4 | Prescription Drug Benefits

Medicare Part D Drugs Initial Coverage

The following charts show the cost-sharing amounts for Part D drugs covered under this plan. After you pay your yearly Part D deductible, you pay the following until your total yearly drug costs reach **$4,660.** Total yearly drug costs are the total drug costs paid by both you and our plan.

You may get your drugs at preferred or standard network retail pharmacies, or preferred mail order pharmacies. Your prescription drug copay will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan.

You can get your prescription from an out-of-network pharmacy, but you may pay more than you would pay at an in-network pharmacy. If you reside in a long-term care facility, you would pay the standard retail cost-sharing at an in-network pharmacy.

Your costs may be different if you qualify for *Extra Help*. Your copay or coinsurance is based on the drug tier for your medication, which you can find in the plan *Comprehensive Prescription Drug List* on our website **CignaMedicare.com**. Or call us, and we will send you a copy of the *Comprehensive Prescription Drug List*.

		Mail Order Cost-Sharing		Retail Cost-Sharing	
Tier	**Supply**	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier 1 Preferred Generic Drugs	30-day	**$0**	**$9**	**$0**	**$9**
	60-day	**$0**	**$18**	**$0**	**$18**
	90-day	**$0**	**$18**	**$0**	**$18**
Tier 2 Generic Drugs	30-day	**$0**	**$20**	**$0**	**$20**
	60-day	**$0**	**$40**	**$0**	**$40**
	90-day	**$0**	**$40**	**$0**	**$40**
Tier 3 Preferred Brand Drugs	30-day	**$42**	**$47**	**$42**	**$47**
	60-day	**$84**	**$94**	**$84**	**$94**
	90-day	**$126**	**$141**	**$126**	**$141**
Tier 4 Non-Preferred Drugs	30-day	**45%**	**45%**	**45%**	**45%**
	60-day	**45%**	**45%**	**45%**	**45%**
	90-day	**45%**	**45%**	**45%**	**45%**
Tier 5 Specialty Drugs	30-day	**33%**	**33%**	**33%**	**33%**
	60-day	**Not available**	**Not available**	**Not available**	**Not available**
	90-day	**Not available**	**Not available**	**Not available**	**Not available**

Medicare provides *Extra Help* to pay Part D prescription drug costs for people who have limited income and resources. Resources include your savings and stocks but not your home or car. Those who qualify get help paying for any Medicare drug plan's monthly premium, yearly deductible, and prescription copayments. This *Extra Help* also counts toward your out-of-pocket costs.

People with limited income and resources may qualify for *Extra Help*. Some people automatically qualify for *Extra Help* and don't need to apply. Medicare mails a letter to people who automatically qualify for *Extra Help*.

If you have questions about *Extra Help*, call:

- Your local Social Security office, or
- Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

For generic drugs (including brand drugs treated as generic):

- **25%** of the cost if you do not receive *Extra Help*, or
- **$0** copay / **$1.45** copay / **$4.15** copay / **15%** cost-share depending on your level of *Extra Help*

For all other drugs:

- **25%** of the cost if you do not receive *Extra Help*, or
- **$0** copay / **$4.30** copay / **$10.35** copay / **15%** cost-share depending on your level of *Extra Help*

Coverage Gap

Because most of our members get *Extra Help* with their Part D prescription drug costs, the Coverage Gap Stage does not apply to most members. If you receive *Extra Help*, this payment stage does not apply to you.

Most Medicare prescription drug plans have a Coverage Gap (also called the Donut Hole). This means there is a temporary change in what you will pay for your Part D drugs. The Coverage Gap begins after your total yearly prescription drug cost (including what a Part D plan has paid and what you have paid) reaches **$4,660.** Not everyone will enter the Coverage Gap.

After you enter the Coverage Gap, you pay a maximum of **25%** of the plan's cost for covered brand name drugs and **25%** of the plan's cost for covered generic drugs until your costs total **$7,400,** which is the end of the Coverage Gap.

Catastrophic Coverage

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **$7,400** limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

Your share of the cost of covered drugs will be the greater of:

- Coinsurance of **5%** of the cost of the drug, or
- **$4.15** for a generic drug or a drug that is treated like a generic and **$10.35** for all other drugs.
- Our plan pays the rest of the cost.